

cdc  
12/13/03

Tracking #: epm09769309 Week Date: 10-10-05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM	_____	<input type="checkbox"/> Document Legibility
<input checked="" type="checkbox"/> IIFW	<u>10-4-2005</u>	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Index of claims final column is missing  
claim 18.

Thank You,  
NFB

[XRUSH] RESPONSE: ISSUED A SUPPLEMENTAL NOTICE OF ALLOWANCE  
TO CORRECT CLAIMS

ANDY RAO  
FRONT EXAMINER

INITIALS: AR

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.  
REV 10/04